

P17000020032

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

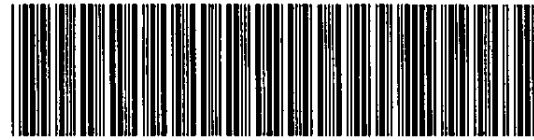
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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03/03/17--01021--019 **87.50

FILED
17 MAR -3 PM 5:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03/07/17

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: LEVINE SERVICES INC

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: RUSSELL T LEVINE

Name (Printed or typed)

269 PELICAN WAY

Address

DELRAY BEACH, FL 33483

City, State & Zip

561-271-9144

Daytime Telephone number

RUSSELEVINE@COMCAST.NET

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

LEVINE SERVICES INC
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

269 PELICAN WAY

DELRAY BEACH, FL 33483

Mailing address, if different is: _____

ARTICLE III PURPOSE

PROFIT, REFERRAL SERVICES
The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES

100 (ONE HUNDRED)
The number of shares of stock is: _____

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TALLAHASSEE, FLORIDA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: RUSSELL T LEVINE

Address

269 PELICAN WAY

DELRAY BEACH, FL 33483

Name and Title: _____

Address: _____

Name and Title: _____

Address

Name and Title: _____

Address: _____

Name and Title: _____

Address

Name and Title: _____

Address: _____

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: _____ RUSSELL T LEVINE
Address: _____ 269 PELICAN WAY
_____ DELRAY BEACH, FL 33483

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: _____ RUSSELL T LEVINE
Address: _____ 269 PELICAN WAY
_____ DELRAY BEACH, FL 33483

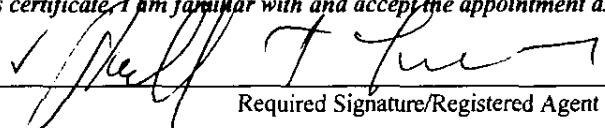
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VIII EFFECTIVE DATE:

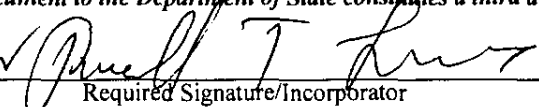
Effective date, if other than the date of filing: 02-15-17. (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

✓  Required Signature/Registered Agent ✓ 2-27-17 Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

✓  Required Signature/Incorporator ✓ 2-27-17 Date